# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 14, 2008**
**Secretary of State**

DOCUMENT# L06000118951

**Entity Name:** BEST ATLANTA LLC

**Current Principal Place of Business:**

18683 COLLINS AVENUE
NO. 1909
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18683 COLLINS AVENUE
NO. 1909
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number: 42-1719195** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

SCHNEIDER, REUBEN M
18851 NE 29TH AVENUE
SUITE 406
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: CAVALIERI, ELENA
Address: VIA G SALVEMINI, 7
City-St-Zip: 59100 PRATO, ITALY, XX XX

Title: MGR (X) Delete
Name: CAVALIERI, PIERO
Address: VIA G SALVEMINI, 7
City-St-Zip: 59100 PRATO, ITALY, XX XX

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELENA CAVALIERI MGR 05/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date